

# LOS ANGELES COUNTY EMS AGENCY

## MEDICAL CONTROL GUIDELINES

### TREATMENT

#### PRINCIPLES:

1. A Ventricular Assist Device (VAD) is an implanted device that is used to partially or completely replace the function of a failing heart. VADs are used as a bridge to transplant or as a destination therapy for those who are not transplant candidates.
2. All VAD patients have a VAD team member who is available 24 hours a day. The VAD team member's contact number is listed on a sticker on the patient's controller (system).
3. The patient's assessment, treatment and presentation will depend on the type of VAD. Pulse and blood pressure may or may not be palpable. If a pulse is palpable, it may not correspond with the heart rate on the monitor. The patient's underlying rhythm only requires treatment if the patient is symptomatic. Some VADs have back up hand pumps for use if the machine stops working. The VAD team member will give direction on managing the VAD machine.
4. The patient and the patient's family members receive training in their specific VAD and are good resources to prehospital personnel and can be utilized in the care of the VAD patient.
5. VAD patients are on anticoagulants and prone to bleeding.
6. All VAD patients can be defibrillated and cardioverted, if indicated.
7. Chest compressions may dislodge the internal VAD tubes from the heart, causing the patient to bleed into the thoracic and/or abdominal cavities.

#### GUIDELINES:

1. When responding to a patient with a VAD, call the appropriate VAD team member as directed on the sticker on the patient's VAD controller. Establish base contact if the patient meets criteria for base contact per Ref. No. 808 or if additional orders are required.
2. If blood pressure and pulse are not palpable, utilize other methods of assessment on VAD patients including, but not limited to, skin signs, level of consciousness, oxygen saturation and general appearance.
3. VAD patients should be treated by the appropriate treatment guideline or protocol based on the patient's assessment and findings.
4. Attempt to locate a standardized Patient Designated Directive and/or a POLST. Many VAD patients have made end-of-life care decisions.
5. DO NOT perform chest compressions on VAD patients, even if unconscious and cardiopulmonary arrest is suspected. Contact the VAD team member for further information.
6. If time, resources, and the patient's condition permits transport to the patient's assigned hospital. Allow the family member to ride with the patient if treatment and space permit.